



## VACCINE & SUPPLY ORDER FORM



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

Date:		Person Placing Order:			
Facility Name:		PIN #		<b>Emergency Order</b> Date vaccine needed by:    /    / <input type="checkbox"/> Yes, this is a new address	
Attn:					
Phone:					
Shipping Address:					
City, State, Zip:					
FAX completed order to: <b>208-334-4914</b> or 800-554-2922 or call 208-334-6524 E-Mail: <a href="mailto:IIP@idhw.state.id.us">IIP@idhw.state.id.us</a>					

Resources	Description	Quantity English	Quantity Spanish	Resources	Quantity English	Quantity Spanish
<b>Parent Education</b>				<b>School and Daycare</b>		
Vaccines: What you should know	Book, Author Paul Offit MD			Idaho School Health Forms		
Vaccinating Your Child	Book, Author Gloria Hummiston MD			Certificate of Exemption		
Immunization Resources	Internet Website form			Imm Names and Abbreviations		
Immunization Timing Blocks	Color block schedule			Guide to Idaho School Imm Law		
Immunization Timing Blocks Magnet	Color block schedule			Schedule of Intended Immunization		
Protecting Idaho's Children	Pamphlet			Idaho Childcare Health Forms		
Parent Education	Pamphlet			Guide to Idaho Childcare Imm Law		
Reminder Post Cards	4"x 5" mailing cards					
Separating Fact from Fear	VHS Immunization Education					
IRIS Pamphlet	Pamphlet					
After the Shots	Tips for parents after immunizations					
6 Common Misconceptions	Description of common misconceptions					
Are you 11-19	Adolescent immunization information					
<b>Clinic Resources</b>						
Provider Exemption Form						
Lifetime Immunization Records						
Clinic Immunization History Forms						
Clinic Immunization History Forms II	History form for providers using labels					
Min/Max Thermometer						
Data Logger						
VAERS Forms						
2006 Immunization Schedule						
Accelerated Immunization Schedule						
Pink Book						
Immunization Works CD Rom						
No One Will Be Denied Sign						
Do Not Unplug Refrigerator Stickers						

# VACCINE & SUPPLY ORDER FORM

Date: _____		Person Placing Order: _____	
Facility Name: _____		PIN # _____	► <b>Emergency Order</b> ◀
Attn: _____ Phone: _____			Date vaccine needed by: ____ / ____ / ____
Shipping Address: _____			<input type="checkbox"/> Yes, this is a new address
City, State, Zip: _____			

Note: Order prefilled syringes, vials, or both. If syringes or vials are not available, the IIP may have to substitute vials for syringes, or syringes for vials, but will do so only when absolutely necessary. Some packaging options and brands may change during the year. Please make as many copies as needed.

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Vaccine	Today's On hand Inventory	# of Doses (Syringes)	# of Doses (Vials)	VIS forms (100 per pack) Order individual VIS forms for combination vaccines	# needed of VIS forms	# needed of VIS forms
					English	Spanish
DTaP/HepB/EIPV (Pediarix)				Use DTaP, Hep B, and EIPV		
DTaP				DTaP		
TdaP				TdaP		
Td (7 thru 18 yrs)				Td		
DT (2 mo to 7 yrs)				DTaP		
Hepatitis B				Hep B		
Hepatitis A				Hep A		
Hib				Hib		
EIPV				Polio		
MMR				MMR		
Varicella				Varicella		
Prevnar (only syringes after May 10 2006)				PCV-7 (Conjugate)		
Hep B/Hib (Comvax)				Use Hep B and Hib		
Hep A/B (Twinrix 18 yr olds)				Use Hep A and Hep B		
Menactra				Meningococcal		
Pneumo 23 (high risk only)				Pneumo 23 (Polysaccharide)		
Flu-PF (6 - 35 mo) syringes only				Inactivated Flu ◀ Adequate supply		
Flu- PF (36 mo - 18 yrs) syringes or vials				Inactivated Flu ◀ Limited Quantities		
Flu (6 mo.-18 yrs w/ Thimerosal 10 dose vials)				Inactivated Flu ◀ Limited Quantities		
Flu (4 yrs-18 yrs Chiron 10 dose vials)				Inactivated Flu ◀ Limited Quantities		
FluMist (Intranasal administration)				Live Attenuated Flu ◀ Adequate supply		

## Vaccine Forms

Monthly Accountability Form	Nurses Station Worksheets	Monthly Accountability Worksheets
Vaccine & Order Form	Vaccine Inventory Worksheets	Immunization resources available through the IIP are located on the back of this form.
Temperature Log Sheets	Vaccine Transfer Sheets	